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CONFIRMATION NO. 1699

<b>SERIAL NUMBER</b> 10/621,757	<b>FILING OR 371(c) DATE</b> 07/17/2003 <i>M.O.</i>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3609	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Collie Brown, Mount Vernon, NY;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/396,381 07/17/2002 <i>M.O.</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/21/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>M.O.</i>		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 3 <i>M.O.</i>	<b>TOTAL CLAIMS</b> 20 <i>M.O.</i>	<b>INDEPENDENT CLAIMS</b> <i>M.O.</i>
<b>Verified and Acknowledged</b> Examiner's Signature <i>M.O.</i> Initials <i>M.O.</i>					
<b>ADDRESS</b> COLLIE D. BROWN 206 NORTH COLUMBUS AVE MOUNT VERNON, NY10552					
<b>TITLE</b> Cryptographic electronic gift certificate cross-reference to related applications					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		